

# I HAVE NOTICED A BEWILDERING AND DANGEROUS TREND

among my acquaintances. This is the unfounded belief that pain is something to be treated with painkillers—prescription or over-the-counter. This belief is fostered by the pharmaceutical industry, supported by the medical profession (sometimes actively, sometimes passively), and demanded by the public: "Give me something for this headache!" Pain is not a disease; it is a warning that something is wrong. Treatment aimed at shutting off the alarm is dangerous, similar to the danger created when smoke detectors are shut off.

Pain is not caused by a lack of aspirin, acetaminophen (Tylenol), ibuprofen, or naproxen in the body. How often do you reach for that bottle of drugs when you have a headache? Lower back pain, arthritis, toothaches, or any of the other 101 times that you are sore or in pain has never been caused by an absence of pain-killing drugs in the body.

What's the harm in taking these drugs, you ask? A single dose of aspirin—simple, plain old aspirin—is associated with a 1-in-20,000 chance of a ruptured blood vessel in the brain, which is called a hemorrhagic stroke. How many people have ever heard of that fact? How about that a chiropractic adjustment to the neck can cause a stroke? It seems that everyone knows of someone or has heard of someone who has suffered that fate. Guess what? A chiropractic adjustment to the neck, given by the only professional qualified to do so, a chiropractic doctor, carries with it a 1-in-4 million risk of causing a stroke! Now 1-in-20,000 doesn't sound so great, does it?

In 1997, I did a survey of research literature. At that time, there had only been a total of 56 people on this planet that were known to have suffered a stroke immediately following a mobilization procedure to the neck. Well then, who did these procedures? Medical doctors account for the majority: 45 out of 56! The next largest group fell into the category of massage therapists: eight out of 56, followed by two mobilizations performed by persons of unknown qualifications and, lastly, one episode in which a stroke followed a chiropractic adjustment administered by a chiropractic doctor!

If pain is never the result of an absence of a pain-killing drug, what is it? It is the way your brain tells you that something is wrong. What do painkillers do? They block that news from getting through to our consciousness. And? Whatever causes your pain is allowed to continue. The cause of your pain continues to do whatever damage it is doing. You may no longer feel that nail in the bottom of your foot, but guess what? Taking two Tylenol did not remove the nail!

Several years ago a drug company placed a television ad that went something like this:

*Bothered by painful knees caused by arthritis? Take our wonderful drug and it will stop the pain so you can go on living (the same) life.*

What this company was saying was that, as long as you did not feel the pain, it was fine to continue living in the exact same way that was destroying your knee joints because you could no longer feel the results of the damage you were causing! Just keep doing whatever it is you were doing and you'll be fine; that is until your knees are so damaged that you live the rest of your life in a wheelchair!

How about this approach: The next time you have pain, anywhere, any kind—before swallowing some painkillers ask yourself this question: What is the source of my pain? A nail in the bottom of your foot? Take it out and then take some painkillers! Removing the nail alone will not immediately stop the pain, but since you have addressed the cause of the pain by removing the nail, the need for painkillers will be limited to one time, maybe two. Sore neck and shoulders after hours at the computer? Alter some aspect of that process: lower your seat; raise the keyboard; get a better chair; put the computer screen at the correct height so you don't have to bend or twist your neck, no matter how slight; put on your reading glasses so you don't lean forward to make out the letters or squint your eyes giving you a headache. How about this—don't spend uninterrupted hours in front of the computer (your body was designed to be active, not passive, so get up for frequent walk breaks).

What if you can't identify the source of the pain? Don't grab for that bottle yet! I had a patient come in with upper mid-back pain and pain on the top of her right shoulder. After examining her and treating her with a reflex therapy system, I told her she had gallstones. She relayed a 20-year history of "gallblad-

# The Pain Myth

YOUR BODY IS TRYING TO TELL YOU SOMETHING, AND PAINKILLERS DON'T HAVE ALL THE ANSWERS

BY BRIAN SMITH, D.C.

der attacks" (sounds like a bad 1950s Japanese monster movie to me) and then stated that every single diagnostic test done showed she had no gallstones. I was not impressed. She had them, period. In fact, she was so perfectly typical of a person with gallstones, her picture should appear in every medical dictionary under the entry for gallstones. Why did I diagnose gallstones? Well, besides the fact that she was one of the very few times a "textbook case" walked in to my office, the nerves to the gallbladder originate in the upper mid-back. And you know how a heart attack can radiate pain down the left arm? This is called a referred pain pattern, and most internal organs have one. The gallbladder is no exception—it refers to the top of the right shoulder. Besides, the reflex points I used would never "clear" or go away, they often got more sensitive the longer I held the points, indicative of tissue pathology.

A couple of months went by during which time she obtained gratifying, though limited, pain relief from treatment received in my office. I even obtained copies of the diagnostic studies and agreed with every other health care provider—I couldn't see any evidence of gallstones either, but I knew they were there.

After my continued goading and another gallbladder attack, she underwent the knife—finally someone said, "Let's take a look." And they found an infected, enlarged gallbladder with 72 stones! Why didn't it show up in the diagnostic studies? Did I mention that, cut open, it was approximately the size of a football?! (And really ugly, I saw the Polaroid—yuck!) It did show up on the studies... it covered half of the abdomen! It was so engorged that everyone, including me, had missed it on the x-ray film.

After it was removed she came in one more time for treatment of the upper back and right shoulder pain and after that, it never returned. Too bad she hadn't come to me 20 years earlier; she wouldn't have ever had the gallstones in the first place. And all because she grew tired of taking painkillers for her upper back pain!

Or take the case of my former mail carrier's husband who had stomach pain, sometimes intense, for eight months? He obtained medical treatment repeatedly, yet the pain worsened. He change the diet (no spicy food); took a drug for stomach cramps; took a stronger painkiller like Valium... then, in tears, my mail carrier tells me it turned out to be stomach cancer and her 38-year-old husband is dead.

Remember—pain is always a warning that something is wrong, somewhere! Pain does not happen without a reason, ever. Find out the cause of the pain and treat it properly. Treatment may include the limited use of painkillers, but they should never be the only way that you treat a recurring pain.

**Brian A. Smith, D.C. is a chiropractic doctor specializing in internal disorders. He maintains a private practice in West Hollywood and can be reached at 323/656-2652 or online at <http://home.earthlink.net/~doctorsmith>.**